

POSITION	ID NO.	DATE
CLASSIFIER	11	10/24/91
EXAMINER	447	11/3/95
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
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	9 7 9 9 9 7 8 9 8
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
51	
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